

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 28

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Amadeo
.....
NICKNAME LAST SUFFIX
 Ortiz

OFFICE USE ONLY

Date Received

2009 OCT 2
 FILED IN
 JACOBO
 ELECTION
 COUNTY OFFICE
 BEXAR COUNTY
 TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1443 W. Elsmere
San Antonio, TX 78201

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Robert
.....
NICKNAME LAST SUFFIX
Bob Lott

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5045 Ayrshire Dr
San Antonio, TX 78217

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 414-9966

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09/26/2008 10/25/2008

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2008

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Bexar County Sheriff

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Ortiz, Amadeo (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,400.00
--	----	-----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	14,759.97
---------------------------------	----	-----------

CONTRIBUTION BALANCE

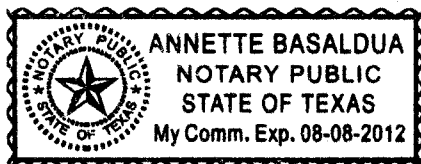
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,153.85
--	----	-----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,000.00
---	----	----------

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Amadeo Ortiz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 27th day of October, 2008, to certify which, witness my hand and seal of office.

Annette Basaldua
Signature of officer administering oath

Annette Basaldua
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/12 Report: 3/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilera, Juan 6 Contributor address; City; State; Zip Code 111 Soledad Suite 300 San Antonio, TX 78205	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
11 Date 10/15/2008	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Battah, Fred 13 Contributor address; City; State; Zip Code 4310 West Ave. San Antonio, TX 78213	14 Amount of contribution (\$) \$150.00	15 In-kind contribution description (if applicable)
16 Principal occupation / Job title (See Instructions)		17 Employer (See Instructions)	
18 Date 10/07/2008	19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bedoy, Emma 20 Contributor address; City; State; Zip Code 310 W. Skyview Dr. San Antonio, TX 78228	21 Amount of contribution (\$) \$250.00	22 In-kind contribution description (if applicable)
23 Principal occupation / Job title (See Instructions)		24 Employer (See Instructions)	
25 Date 10/15/2008	26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belvis, Jr., Merio 27 Contributor address; City; State; Zip Code 13207 Hunters Lark St. San Antonio, TX 78230	28 Amount of contribution (\$) \$200.00	29 In-kind contribution description (if applicable)
30 Principal occupation / Job title (See Instructions)		31 Employer (See Instructions)	
32 Date 10/07/2008	33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cavazos, Jaime 34 Contributor address; City; State; Zip Code 800 Dolorosa Suite 105 San Antonio, TX 78207	35 Amount of contribution (\$) \$250.00	36 In-kind contribution description (if applicable)
37 Principal occupation / Job title (See Instructions)		38 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/12 Report: 4/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cerde, Victor 6 Contributor address; City; State; Zip Code 206 Candelaria Helotes, TX 78023	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian, David Contributor address; City; State; Zip Code 310 S. St.Mary's San Antonio, TX 78205	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Kevin Contributor address; City; State; Zip Code 600 Navarro Suite 250 San Antonio, TX 78205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel & Hudson, PLLC Contributor address; City; State; Zip Code 115 E. Travis Suite 1630 San Antonio, TX 78205	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Paz, Brent Contributor address; City; State; Zip Code 214 Dwyer Suite 315 San Antonio, TX 78204	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 5/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Del Cueto, Andrew 6 Contributor address; City; State; Zip Code 405 S. Presa San Antonio, TX 78205	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Del Prado and Del Prado, PC Contributor address; City; State; Zip Code P.O. Box 2312 Boerne, TX 78006	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delgado, Robert Contributor address; City; State; Zip Code 19830 Park Ranch Rd. San Antonio, TX 78259	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Albert Contributor address; City; State; Zip Code 603 Urban Loop San Antonio, TX 78204	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frigerio, Charles Contributor address; City; State; Zip Code 317 Cleveland Court San Antonio, TX 78209	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 7/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrison, PhD, G.R. 6 Contributor address; City; State; Zip Code 111 Oakhurst San Antonio, TX 78209	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
11 Date 10/23/2008	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hasslocher, G. 13 Contributor address; City; State; Zip Code 8520 Crownhill San Antonio, TX 78209	14 Amount of contribution (\$) \$250.00	15 In-kind contribution description (if applicable)
16 Principal occupation / Job title (See Instructions)		17 Employer (See Instructions)	
18 Date 10/23/2008	19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hasslocher, James 20 Contributor address; City; State; Zip Code 129 Haskin San Antonio, TX 78209	21 Amount of contribution (\$) \$250.00	22 In-kind contribution description (if applicable)
23 Principal occupation / Job title (See Instructions)		24 Employer (See Instructions)	
25 Date 10/23/2008	26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hayes, Homer III 27 Contributor address; City; State; Zip Code 2802 Colonial Dr. Dickinson, TX 77539	28 Amount of contribution (\$) \$200.00	29 In-kind contribution description (if applicable)
30 Principal occupation / Job title (See Instructions)		31 Employer (See Instructions)	
32 Date 10/15/2008	33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holden, Sarah 34 Contributor address; City; State; Zip Code 6331 Rue Sophie St. San Antonio, TX 78238	35 Amount of contribution (\$) \$50.00	36 In-kind contribution description (if applicable)
37 Principal occupation / Job title (See Instructions)		38 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 9/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Offices of Goldstein, Goldstein, and Hilley 6 Contributor address; City; State; Zip Code 310 S. St. Mary's St. Suite 2900 San Antonio, TX 78205	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Manuel Contributor address; City; State; Zip Code 31035 Retama Ridge Bulverde, TX 78163	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maloney, PC, Pat Contributor address; City; State; Zip Code 239 E. Commerce San Antonio, TX 78205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Louis Contributor address; City; State; Zip Code 1004 S. St. Mary's St. San Antonio, TX 78205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, Thomas Contributor address; City; State; Zip Code 700 N. St. Mary's St. San Antonio, TX 78205	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/12 Report: 12/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Robert 6 Contributor address; City; State; Zip Code 5458 Colton Creek San Antonio, TX 78251	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Police Officer's Association (PAC) Contributor address; City; State; Zip Code 1939 N.E. Loop 410 Suite 300 San Antonio, TX 78217	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Jeffrey Contributor address; City; State; Zip Code 1004 S. St. Mary's St. San Antonio, TX 78205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David Contributor address; City; State; Zip Code 100 Rosewood Ave. San Antonio, TX 78212	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steinberg, John Contributor address; City; State; Zip Code 1192 Marion Rd. Marion, TX 78124	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 13/28	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stolhandske, Tom 6 Contributor address; City; State; Zip Code 2531 Old Orchard Ln. San Antonio, TX 78230	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of San Antonio Contributor address; City; State; Zip Code P.O. Box 12814 San Antonio, TX 78212	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tafolla, Rolando Contributor address; City; State; Zip Code 4226 Havenview Ln. San Antonio, TX 78228	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tatum, Lisa Contributor address; City; State; Zip Code 1819 Babcock Rd. Apt. 706 San Antonio, TX 78229	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Bail PAC Contributor address; City; State; Zip Code P.O. Box 222067 Dallas, TX 75222	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/14 Report: 15/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/08/2008	5 Payee name AT & T Telephone 6 Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393-0170	7 Amount (\$) \$107.53
8 Purpose of payment (See instructions regarding type of information required.) Office telephone & Internet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/11/2008	Payee name Beef & Bourbon Steak House Payee address; City; State; Zip Code 4946 Rigsby San Antonio, TX 78222	Amount (\$) \$377.59
Purpose of payment (See instructions regarding type of information required.) F & B (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/29/2008	Payee name Best Buy Payee address; City; State; Zip Code 2301 Sw Military Dr San Antonio, TX 78224	Amount (\$) \$670.33
Purpose of payment (See instructions regarding type of information required.) Computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2008	Payee name Bexar County Democratic Party Payee address; City; State; Zip Code 3010 N. St Mary's St San Antonio, TX 78212	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Contribution to Other (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/14 Report: 16/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/20/2008	5 Payee name CAPPS Van/Car Rental 6 Payee address; City; State; Zip Code 550 NE Loop 410 San Antonio, TX 78216	7 Amount (\$) \$863.29
8 Purpose of payment (See instructions regarding type of information required.) Auto Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2008	Payee name Custom Crush Winery Payee address; City; State; Zip Code 8425 Bandera Rd Ste 148 San Antonio, TX 78250	Amount (\$) \$340.79
Purpose of payment (See instructions regarding type of information required.) F&B for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2008	Payee name Diamond Xpress #2 Payee address; City; State; Zip Code 14400 Nacogdoches Rd. San Antonio, TX 78217	Amount (\$) \$29.41
Purpose of payment (See instructions regarding type of information required.) Auto Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/21/2008	Payee name Digital Edge Payee address; City; State; Zip Code 3463 Magic Dr. San Antonio, TX 78229	Amount (\$) \$912.76
Purpose of payment (See instructions regarding type of information required.) Marketing & Promotion (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/14 Report: 17/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/08/2008	5 Payee name Digital Extreme 6 Payee address; City; State; Zip Code 12607 Prima Vista San Antonio, TX 78233	7 Amount (\$) \$599.27
8 Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2008	Payee name Digital Extreme Payee address; City; State; Zip Code 12607 Prima Vista San Antonio, TX 78233	Amount (\$) \$240.00
Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2008	Payee name Gabriel's #41-05 Payee address; City; State; Zip Code 837 W. Hildebrand San Antonio, TX 78212	Amount (\$) \$75.63
Purpose of payment (See instructions regarding type of information required.) Beverages for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2008	Payee name Grady's Bar-B-Q Payee address; City; State; Zip Code 6510 San Pedro San Antonio, TX 78216	Amount (\$) \$13.81
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/14 Report: 18/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/02/2008	5 Payee name Guadalupe Lumber Co. 6 Payee address; City; State; Zip Code 1547 S. Zarzamora San Antonio, TX 78207	7 Amount (\$) \$13.99
8 Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201	Amount (\$) \$27.78
Purpose of payment (See instructions regarding type of information required.) F & B (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201	Amount (\$) \$40.48
Purpose of payment (See instructions regarding type of information required.) Auto Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/22/2008	Payee name HEB Grocery Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201	Amount (\$) \$51.26
Purpose of payment (See instructions regarding type of information required.) Auto Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/14 Report: 19/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/25/2008	5 Payee name HEB Grocery 6 Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201	7 Amount (\$) \$15.18
8 Purpose of payment (See instructions regarding type of information required.) F & B (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2008	Payee name Ideas Unlimited Payee address; City; State; Zip Code 5213 Bandera Rd San Antonio, TX 78238	Amount (\$) \$199.80
Purpose of payment (See instructions regarding type of information required.) Campaign Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/29/2008	Payee name Jim's Restaurant #3 Payee address; City; State; Zip Code 3319 Hillcrest San Antonio, TX 78201	Amount (\$) \$18.65
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/17/2008	Payee name Kiobassa Provisional Co. Payee address; City; State; Zip Code 3125 South Brazos San Antonio, TX 78207	Amount (\$) \$202.30
Purpose of payment (See instructions regarding type of information required.) F & B Rally (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/14 Report: 20/28

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name La Prensa	7 Amount (\$)
10/19/2008	6 Payee address; City; State; Zip Code P.O. Box 830768 San Antonio, TX 78283	\$1,650.00

8 Purpose of payment (See instructions regarding type of information required.) Newspaper advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name La Prensa Foundation	Amount (\$)
10/03/2008	Payee address; City; State; Zip Code 318 S. Flores St. San Antonio, TX 78204	\$240.00

Purpose of payment (See instructions regarding type of information required.) Contribution to others (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date	Payee name Las Palapas	Amount (\$)
09/29/2008	Payee address; City; State; Zip Code 1802 Walzem Rd. San Antonio, TX 78218	\$14.97

Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Leal, Virginia	Amount (\$)
10/07/2008	Payee address; City; State; Zip Code 3106 Rain Park Ln. Katy, TX 77449	\$49.66

Purpose of payment (See instructions regarding type of information required.) Reimbursement for office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/14 Report: 21/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/06/2008	5 Payee name Leticia Mexican Restaurant 6 Payee address; City; State; Zip Code 1922 N. Zarzamora San Antonio, TX 78201	7 Amount (\$) \$69.36
8 Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2008	Payee name Luby's Cafeteria Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212	Amount (\$) \$34.63
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/14/2008	Payee name Luby's Cafeteria Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212	Amount (\$) \$19.43
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/07/2008	Payee name Marketability, Inc. Payee address; City; State; Zip Code 5600 NW Central Dr. Suite 280 Houston, TX 77092	Amount (\$) \$715.00
Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/14 Report: 22/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/23/2008	5 Payee name Marketability, Inc. 6 Payee address; City; State; Zip Code 5600 NW Central Dr. Suite 280 Houston, TX 77092	7 Amount (\$) \$820.16
8 Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2008	Payee name MK Davis Restaurant Payee address; City; State; Zip Code 1302 N. Flores San Antonio, TX 78212	Amount (\$) \$12.88
Purpose of payment (See instructions regarding type of information required.) F&B Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2008	Payee name Molino Rojo Cafe Payee address; City; State; Zip Code 13032 Nacogdoches Rd. San Antonio, TX 78217	Amount (\$) \$15.39
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2008	Payee name Molino Rojo Cafe Payee address; City; State; Zip Code 13032 Nacogdoches Rd. San Antonio, TX 78217	Amount (\$) \$16.75
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/14 Report: 23/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/16/2008	5 Payee name N&S Enterprises 6 Payee address; City; State; Zip Code 222 E. Houston San Antonio, TX 78205	7 Amount (\$) \$168.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/22/2008	Payee name Office Depot Payee address; City; State; Zip Code 5601 Bandera Rd San Antonio, TX 78238	Amount (\$) \$33.51
Purpose of payment (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/26/2008	Payee name Office Max Payee address; City; State; Zip Code 255 E. Basse Rd Ste 1510 San Antonio, TX 78209	Amount (\$) \$92.13
Purpose of payment (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2008	Payee name Panchitos Mexican Restaurant Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207	Amount (\$) \$11.41
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/14 Report: 24/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/18/2008	5 Payee name Panchitos Mexican Restaurant 6 Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207	7 Amount (\$) \$292.50
8 Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2008	Payee name Ridgewood Cleaners Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	Amount (\$) \$43.70
Purpose of payment (See instructions regarding type of information required.) Other expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/07/2008	Payee name Ridgewood Cleaners Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	Amount (\$) \$19.99
Purpose of payment (See instructions regarding type of information required.) Other expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/17/2008	Payee name Ridgewood Cleaners Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	Amount (\$) \$23.19
Purpose of payment (See instructions regarding type of information required.) Other expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/14 Report: 25/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/21/2008	5 Payee name Ridgewood Cleaners 6 Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201	7 Amount (\$) \$32.92
8 Purpose of payment (See instructions regarding type of information required.) Other expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/21/2008	Payee name San Antonio Asian Community Affairs Payee address; City; State; Zip Code P.O. Box 29825 San Antonio, TX 78229	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Contribution to others (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2008	Payee name Santa Helena Publishing Payee address; City; State; Zip Code P.O. Box 377 Von Ormy, TX 78073	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/06/2008	Payee name Taco Cabana Payee address; City; State; Zip Code 2347 E. Southcross San Antonio, TX 78223	Amount (\$) \$12.60
Purpose of payment (See instructions regarding type of information required.) F & B meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/14 Report: 26/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/14/2008	5 Payee name The Malt House 6 Payee address; City; State; Zip Code 115 S. Zarzamora San Antonio, TX 78207	7 Amount (\$) \$24.10
8 Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/09/2008	Payee name US Postal Service Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998	Amount (\$) \$252.00
Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/18/2008	Payee name US Postal Service Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998	Amount (\$) \$135.00
Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2008	Payee name US Postal Service Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998	Amount (\$) \$135.00
Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

26

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/14 Report: 27/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/21/2008	5 Payee name US Postal Service 6 Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998	7 Amount (\$) \$40.50
8 Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/24/2008	Payee name Valero Store #1030 Payee address; City; State; Zip Code 1171 Coliseum Rd. San Antonio, TX 78219	Amount (\$) \$67.76
Purpose of payment (See instructions regarding type of information required.) Auto Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2008	Payee name Wachovia Bank Payee address; City; State; Zip Code 7750 I.H. 10 West Suite 1000 San Antonio, TX 78229	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Returned Check (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/21/2008	Payee name Wachovia Bank Payee address; City; State; Zip Code 7750 I.H. 10 West Suite 1000 San Antonio, TX 78229	Amount (\$) \$201.00
Purpose of payment (See instructions regarding type of information required.) Misc. Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/14 Report: 28/28
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/09/2008	5 Payee name Water Street Oyster Bar 6 Payee address; City; State; Zip Code 7500 Broadway San Antonio, TX 78209	7 Amount (\$) \$156.01
8 Purpose of payment (See instructions regarding type of information required.) F & B Meet & Greet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/09/2008	Payee name Wendy's Restaurant Payee address; City; State; Zip Code 8814 Perrin-Beitel San Antonio, TX 78217	Amount (\$) \$13.07
Purpose of payment (See instructions regarding type of information required.) F & B (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/29/2008	Payee name Westside Sol Payee address; City; State; Zip Code 1410 Guadalupe St. #113 San Antonio, TX 78207	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/16/2008	Payee name WOAI Payee address; City; State; Zip Code 1031 Navarro San Antonio, TX 78205	Amount (\$) \$3,697.50
Purpose of payment (See instructions regarding type of information required.) Marketing and Promotion (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: